



What lies ahead for Medicine?

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WHO COULD HAVE FORETOLD 30, 20, or 15 years ago what the changes in medical education, medical practice and medical organization, not to mention scientific and technological medical advances, would have wrought today? Who could have foreseen what myriad of discoveries the age of the atom would have created for the scientific professions to command in alleviating and curing illness, and extending the lives of millions of people in America and throughout the world? Who could have predicted, a few decades ago, that America would become a major world center of scientific achievement and the fount of medical miracles, or that its majestic successes would make it both a vanquisher of, and contributor to, some of the social problems of our era?

I could ask any number of other questions—but all of them would only serve to emphasize one point. Medicine's contributions to the preservation and prolongation of life; its phenomenal discoveries and applications, and its regular and unending breakthroughs to thwart disease and misery, have changed what Shakespeare in his day called "Life's uncertain voyage" to what we may more appropriately call life's more predictable passage.

Yet, while we may hazard some guesses as to when cures of one kind or another will occur, and while we may enjoy the anticipation of some future

discovery because we are aware of the search in our midst, we are still unable to predict precisely what yet unborn or just begun piece of research or new drug or molecular genetic rearrangement will burst upon the scene to defeat death or disability. Neither can we conceive of what acts of serendipity will brush aside curtains of darkness and enable the light of new discoveries to obliterate or to ameliorate diseases of the soma or the psyche for which no previously known cures existed.

What lie ahead, then, for medicine are the greatest hopes and expectations for the fulfillment of man's desire to lead a life free of disease.

As with the somatic diseases, those of the mind will gradually be engaged in stronger battle. The beginnings have been made; progress in the battle against mental disorders will, however, not be as long in the making as in combating physical disease, although it is evident that a much more intensified effort remains to be made to bring the products of such research to successful fruition.

Rates of hospital admissions for physical ailments will gradually decrease as methods for earlier detection and diagnosis are widely applied, and as the preventive aspects of medicine become utilized and made available to a greater degree to the public. Alternatives to hospital care, as exemplified by the movements to progressive patient care, nursing home care and homemakers and day care center services, will reflect the ease of transition to,

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and application of, less costly—yet equally appropriate—facilities and services. The same trend will become evident in the treatment of mental illnesses, as day and night care centers, community outpatient health centers and home care facilities gradually displace institutionalized care for those who can make more rapid adjustments with aid of psychotropic drugs and other advanced methods of therapy. This shift from institutionalized to non-institutionalized care will be a dramatic one in the future; medicine will emerge as a truly potent social force in changing previously held cultural concepts about the mentally disturbed.

What we know as just the beginnings in the restoration and rehabilitation of the disabled—even though they represent remarkable achievements in the practice of medicine today—will take on new meaning and significance as medicine applies its full potential to the art and science of restoring the handicapped to maximum functional performance of body organs and systems.

The application of computer technology to the diagnostic techniques employed in medical practice will add immeasurably to the efficiency and productivity of the physician's time, hasten the therapeutic process and have considerable impact on the allocation of medical manpower. The wider application of transplants, laser beams and other discoveries still in their experimental stages will add yet other dimensions which will render obsolete many of the techniques employed today.

Maternal and child mortality will gradually be reduced, as economic and educational levels of the population increase, and as the public becomes acutely aware of the full range of services which the health professions have to offer. Health maintenance, in its fullest meaning, will be the keynote of medical care from the prenatal to the geriatric range. May heaven help us, however, if geriatric obstetrics ever becomes a reality, with the possible perfection of pills that will restore the birth-bearing cycle. For then medicine and all of society would face a challenge which neither it nor government edict would ever be likely to resolve!

What I designate as medicine's "golden age" will never, of course, be *fully* realized. The major threat to the physical well-being of people will be the increasing hazards induced by problems of environmental sanitation, water and air pollution, the insecticides and other man-made materials. Unless we all take to the air (and even then escape is questionable) the holocaust from motor vehicle deaths and accidents will outstrip anything our imagination can conceive. For every life we shall save through the skill of the health care team, we shall probably match with injuries resulting from

automobile accidents and the like. And when I referred to air pollution, I did not intend to specify smoke stacks or cigarette packs alone; I had in mind the ever-present dangers of fall-out from a dirty bomb, or even a so-called clean one, unleashed in some situation of fear or frenzy—unless sanity prevails.

The paradox of speaking about medicine's future is, of course, as I have just observed, that one cannot separate the profession's future and role in society from that of the society and culture of which it is part. Medicine's achievements, its successes and failures will to a large measure mirror the values, the myths, the realities, the basic desires and the attainments to which society itself aspires. The profession will respond accordingly, although it will continue to be praised or pilloried, depending upon the points of view expressed by different segments of society. But society's views will center primarily around the social and economic issues and its increasing expectations, rather than the scientific progress and achievements of the medical profession. Despite this, however, medicine will continue to expand its horizons of care and to improve upon its system of education and training, and work in closer harmony with the mass of society in improving its distribution and availability of medical care to the public.

Since we can only look at what lies ahead by examining the present and the past, I will venture to guess that medicine will have learned to respond more quickly to various social needs and demands by *anticipating* problem areas, rather than by *reacting* to them in the fashion of previous times. I believe that some of the misunderstandings and shortcomings of the past will have been corrected since medicine will blend its efforts with, and utilize more fully, the findings of the social and behavioral sciences. Medicine's historical allergic response to government medicine, or socialized medicine (whichever term one might prefer to use), and some of its experiences with this type of control or manifestations of it, will lead the profession to speak more fluently and frequently to the benefits and advantages of *social* medicine; to a greater understanding on the part of the public regarding the conditions under which a medical profession can best provide the broadest range of services at the most reasonable and predictable costs to all people, and to afford a realistic appraisal and appreciation by the public of the affirmative contributions which physicians make to society.

Medicine will address itself more forcefully to the needs of the lower income, less educated segments of the population, and thereby bring their level of medical care up to that of the higher income, better educated parts of the population. It

will have been able to do so because the emphasis of our economic system and its educational counterpart will have provided by that time the basis for access to good medical care, and because of the rigid implementation of the profession's concord that medical care will be available to all people regardless of their ability to pay for it. Geographic and cultural isolation will become a thing of the past as rural areas become wedded to metropolitan areas, as medical services and facilities become equally accessible to all, and as underprivileged areas of cities are razed and rebuilt into wholesome communities in which poverty and its adhesions are gradually obliterated.

You will note that, up to this point in my journey into the future, I have dealt primarily with some science-fiction elements of the kind of society which most of us would like to be able to prognosticate. If I have touched upon a couple of less palatable by-products, it is only because our road to progress and achievement is often strewn with less rewarding yields which progress itself engenders, and which future generations will have to find some way to surmount or eradicate. I am enough of a realist, however, to recognize that medicine also has its non-fiction complements. Some of these we face today, this very month, and in the days ahead. Some of them represent problems which are internal to the health professions; some of them represent problems and issues which are external to the medical profession but which impinge upon the physician's ability to practice medicine in the future.

Taking a more pragmatic approach, therefore, I should like to suggest that what lies ahead of medicine are two roads along which medicine has the choice of traveling. The one road which actually represents the alternatives of internal behavior, is identified by the kinds of choices we make in deciding how to improve and perfect our system of medical education; how to bind all physicians into a single, unified effort to provide the highest and most effective quality of medical care to the public; how to bring about greater understanding among all members of the health care team; how best to utilize and promote the efficiency of physicians and paramedical personnel; how best to organize and coordinate the delivery and distribution of health care service so that no one in need of it goes without it; how best to identify the goals of the profession with the desires and demands of the patients it serves; how best to make our system of voluntary health insurance an impregnable one, and how best to halt what appears to be evidence of increasing impersonalization in the rendering of medical care as greater specialization follows in the footsteps of medical knowledge.

The other road represents, actually, the decisions which external forces or, more precisely, public policy will determine if our internal path of choice is an improper, inadequate or untimely one. Medicine is now faced with just one such major example of external choice with regard to the issue of the health care of the aged. Whichever way the decision goes, it must be viewed as the greatest single challenge and opportunity to which the physicians of this country must respond by multiplying their internal efforts a thousandfold so that society itself will never again be torn by indecision, nor support political objectives which physicians view as being at cross-purposes with the goals that they and society have in common.

What lies ahead for medicine in terms of its scientific achievements can be described in the most optimistic and heartening terms. What lies ahead for medicine in terms of its social and economic relationships to the people it serves can only be conjectured upon, depending upon how well physicians respond to the changing problems and values of the society and the extent to which the expectations of the medical profession and the public coincide or accommodate themselves to each other. These expectations need not necessarily spell enduring conflict. In fact, the very nature and ideals of the medical profession militate against such a possibility. I therefore view the future with the same hope and optimism in this regard as well, for I am convinced that the physicians of America will meet the obligations and responsibilities they have to society and, when they have demonstrated this adequately and affirmatively to the public, will enjoy the support and encouragement which they fully deserve and merit for the decades which lie ahead.

As President, this year, of the California Medical Education and Research Foundation, a non-profit organization sponsored by the California Medical Association, I have been privileged to participate in a Study of the Role of Medicine in Society. This study, which has been in progress for two years, has involved a number of leaders of the medical profession of California as well as representatives of the social and behavioral sciences, labor, management and other community organizations. I will read the objectives of the study to indicate how medicine in California is attempting to determine what directions our future efforts should take:

- To study and to explore the nature of existing relationships between the medical profession and society;
- To examine the problems, issues and developments which are of concern to the medical profes-

sion and to the public in the rendering and receipt of medical care;

- To delineate the mutual obligations and responsibilities of the medical profession and society, and the communication of ideas and ideals between them;

- To inquire into the demands and needs for medical care among the public and its various segments;

- To determine the methods, techniques and opportunities through which the medical profession can best provide the highest quality of medical care to the people it serves;

- To reevaluate programs and policies in the light of medical advances and technological and social changes which affect medicine's relationships to the individual, the community and its subgroups and to society as a whole;

- To explore the findings of other disciplines, particularly those in the behavioral sciences, in order to ascertain how the products of other research can be utilized by the medical profession; and

- To determine how the amalgam of interests of the medical and social sciences and the public can coalesce to formulate contemporary approaches to, and future directions in, health care.

From what you have just heard, I am sure you realize the extent of our efforts to secure information which will give us the impressions various segments of the public have of the medical profession. We have been reviewing the literature which relates to our objectives, and we have gained a great deal of insight into how others view *us*, *our services*, and *our relationships to the public*. We have compiled a wide variety of assertions and allegations directed toward medicine, some of which may contain some apparent basis in fact, and others which appear to lack any justification. We have also received a number of recommendations and

suggestions from different persons and organizations which will be most helpful in our study.

From the information we have gathered, we have now prepared a progress report—the second one—which has been presented to the House of Delegates for its information. And out of this wealth of material we have translated our findings into recommendations for action. This, to me, is tangible evidence of medicine's willingness and ability to look at itself as objectively as it can, so that it can pave the way for a future in which it can be secure, possess the freedom it requires, fulfill its rightful role in society, and be accorded the recognition and privileges it needs so that the public *will* receive the services it requires, and so that the future can be planned for—today.

It is our hope that this continuing study will not only serve as a guide for physicians in California, but for physicians throughout the country, and also for those who will enter the profession in the future. This kind of self-appraisal will, I hope, enable us to take the correct path to the future so that, as stated in the objectives of our study, we can formulate contemporary approaches to, and future directions in, health care.

What lies ahead for medicine depends on what you, and I, and all our colleagues do today, to lay the foundations for a secure tomorrow on behalf of the betterment of health of the American people.

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—J.C.D.

